Issued to Ses A Wadsmath
Name of deceased Gentuch My Cruster
Age 3 years months days
Place of death Phrantolle B,
Date of death Juny 28-36
Cause of death Gent Browth
Interment at Dan Mb brungh
Date permit issued July 1-36
Certified by M.D.

No.	

This Coupon to be returned immediately, properly endorsed,

City or Town of Ser Truck Mass.

Name of deceased Ser Truck Mass.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough
(Name of cemeters or crematory)
on February 2 - 1934
Certified by Adelbert E. Collins (Signature of Superintendent, cemetery)
(Signature of Superintendent, cemetery of crematory)

No. 20

BURIAL (OR REMOVAL) PERMIT

Issued to G & Collins	_
Name of deceased Retur Russi	
Age 66 years - months - da	ys
Place of death South boro mass	
Date of death Juby 9.36	
Cause of death Carcinana & Stones	
Interment at Jufficzugy	
Date permit issued This 11-36	_
Certified by Clyd Munile M.	D.

etc.

No.			

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

City or Town of Surk bound Mass.

Name of deceased Plus Russ.

If a U. S. War Veteran, specify what war, organization,

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough Mass,
(Name of cemetory or crematory)

on February 12-1936

Certified by Adelbert E. Collins

(Signature of Superintendent, cemetery or erematory)

Issued to tacks 5	
Name of deceased Malin & Wal	
Age 87 years 6 months	days
Place of death Sun Mily Date of death Frby 24-36	
Date of death From 24-36	
Cause of death andre Hamarthy	
Interment at Inthough	
Date permit issued The 24-36	
Certified by Clyde of Merril	M.D.

	1	
No	4	

Issued to Ja Cooks on
Name of deceased Charlath Vary
Age 77 years 4 months days
Place of death South burnyh Date of death March 16-1436
Date of death March 16-1436
Cause of death My veadob Chuin
Interment at Part Dans Gut, Can
Date permit issued Mar. 17-36
Certified by Roland Multi- M.D.

)
No	4

BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed.

to Jour Blook City or Town of Son Thberough Mass. Name of deceased Charloth Vary If a U. S. War Veteran, specify what war, organization. etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Port Dover Cemetery, Port Dover, Ont. at (Name of cemetery or crematory) Mar. 18 / 36

Certified by Bolompson (Signature of Superintendent, cemetery or crematory)

	5
No	0

Issued to adelbert Collins Name of deceased Edward Elbworth Chase
Age 70 years months 20 days
Place of death Pearl St. Southboro Mass.
Date of death March 20.1936
Cause of death Hernorrhoge (Cerebral apople
Interment at Rural Concetary Southboo
Date permit issued March 21, 1936
Certified by Inland S. Newton M.D.

	1	
No	6	

Stub to be retained by officer issuing permit

Issued to Walter M. Orffutt
Name of deceased Edward Ellsworth Chase
Age 70 years months 20 days
Place of death Southboro:
Date of death Mar. 20 - 1936
Cause of death Hemorrhage/ Cerebral apopley
Interment at Kural Cemetary Southbase
Date permit issued March 24 1936
Certified by M.D.

For removal from Alatet another in Same lot in Rural cemetary

	_	
No.	0	

This Coupon to be returned immediately, properly endorsed,

City or Town of Southboro, Mass.

Name of deceased Edward Ells worth Chase

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Winame of cemetery or crematory)

on Mar. 22, 1966,

Certified by (Signature of Superintendent, cemetery or crematory)

	1	
No	6	

This Coupon to be returned immediately, properly endorsed,

to Board of Heach City or Town of Sauchboro. Name of deceased Edward & elsworth Chase If a U. S. War Veteran, specify what war, organization, etc.__

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

(Name of cemetery or crematory) Certified by Salte M. (Signature of Superintendent, cemeters of crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Second Permit issued mallio

Issued to John J Brown
Name of deceased Anna Maria Santella
Age 72 years 8 months days
Place of death Southboro Mass.
Date of death [] 77/1 /2, /936
Cause of death arterio Sclerosis, Chronie myocarditis
Interment at Immaculate Conception, Mariboro,
Date permit issued April 13, 1936
Certified by John J. Kelly M.D.

No.			

This Coupon to be returned immediately, properly endorsed,

City or Town of Sauthboro.

Name of deceased Coura Maria Sautella

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immeritate Conception Constery
on april 14, 1926

Certified by.

Signature of Superintendent, cemetery or crematory)

Meer in charge, undertaker should sign and return this stub.

Issued to Thos. F. Callanan
Name of deceased Mrs Mary T. Brock
Age 76 years 5 months 2/ days
Place of death Wood St. Southboro, mass
Date of death June 7, 1936
Cause of death Chronie my ocarditis, Chr. listerio
Interment at St John's Cemetary, Hopkinton.
Date permit issued June 7, 1936
Contifed by Reland S. Meinton, M.D.

Certified by

	/	
No		

BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

City or Town of-Name of deceased If a U. S. War Veteran, specify what war, organization, etc. **ENDORSEMENT** (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

If there is no officer in charge, undertaker should sign and return this stub.

signature of Superintendent, cemetery or crematory)

No. 9

BURIAL (OR REMOVAL) PERMIT

Issued to Loving on Harper.
Name of deceased Eveline M. Morey
Age 72 years 2 months 26 days
Place of death Southboro, Mass,
Date of death Aug. 21, 1936
Cause of death Myscardetus Chronic
Interment at Easthampton Maso.
Date permit issued Aug 5. 1936
Certified by William & Bocke M.D.

No.				

This Coupon to be returned immediately, properly endorsed,

to Board of Health (Office issuing permit)	
	Mass.
Name of deceased Eveline M. Myorey	
If a U. S. War Veteran, specify what war, organiz	ation,
etc	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Brooks	ido Cembery Easthampton
	(Name of cemetery or crematory)
01	ang le. 1936
Certified by_	(Signature of Superintendent, cemetery or crematory)

Issued to Thomas T. Ballanan
Name of deceased Francis Liberty
Age 8 years months days
Place of death Southwelf
Date of death 7-36
Cause of death Heneral arterio salarosas
Interment at Af Julius Cinelary Physics Date permit issued 8-9-36
Certified by Hugh Falxon M.D.

No.				

This Coupon to be returned immediately, properly endorsed,

to Clerky

(Office issuing permit)

City or Town of Muthbort Mass.

Name of deceased Musics Liberty

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

	0
at St Salm	Hopkman
Name of cemete	ry or crematory)
on Que 10	1934
90	17 012
Contified by Agant	n Huzuer

certified by

(Signature of Superintendent, cemetery or crematory)

Issued to Umi M.	I ighe	
Name of deceased Johan	Byn.	ales
Name of deceased yman	na 12. 1000	uy
Age 69 years		1
Ageyears	months	days
Place of death Southby	mi. mus.	5.
Date of death august	- 9. 1936	
		ee;
2. Casei No.	ma of Ston	rach
Cause of death aronary 2. Ease no. Interment at Runne	Cemelar	ef
Date permit issued Guege		/
Date permit issued	/- /-	
Certified by P. M. Sm	with	M D

No.		

BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

City or Town of Action of Mass.

Name of deceased for a Mass.

Name of deceased for a Mass.

If a U./S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this

at Accordance with its terms

at Accordance with its terms

on Acc

R-309—100m-1-'33. No. 7072
Copy seul Fortluct Thuchgain
BURIAL (OR REMOVAL) PERMIT
Stub to be retained by officer issuing permit
Issued to Flich Wieley in Unelexaking
Name of deceased William Kelly.
Age 51 years — months days
Place of death Fluit. Muchigan
Date of death June 30. 1936.
Cause of death Coroceary Eucholisius
Interment at Rural Couldary or white
Date permit issued & Flink. Mushingan huda Guanable 1931
(Mar. st-18.193) laken to

M.D.

Certified by ?

This Coupon to be returned immediately, properly endorsed,
to Brash of Health
City or Town of Southboro Mass.
Name of deceased Mm. Kelly.
If a U. S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

permit was disposed of in accordance with its terms
at Rural
(Name of cemetery or crematory)
on Monday aug 31. 1936
Certified by Mr Office V.
(Signature of Superintendent, cemetery or crematory)
Yvelephone
/If there is no officer in charge, undertaker should sign and return this stub.
B 0 01 - 1 - 11 1- 1 - 1 =

No.______

BURIAL (OR REMOVAL) PERMIT

Issued to F. F. Callahan
Name of deceased Esther M. Mc Collegin
Age 76 years months days
Place of death with welle Rd. Cordewelle mas,
Date of death Sept 15/936-930am
Cause of death General arterios lerosis Cerebral Hemanhage
Interment at It Johns Cemelary
Date permit issued Sept 16:1936
Certified by Walter F Mahoney D.

No.	

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Schler M. Mc Colligan

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Sofins Hofbinton

On Seft 7 1936

Certified by Saves Hofbinton

(Signature of Superintendent, cemetery or crematory)

1	Issued to C. 665 Funeral Service
	Name of deceased H. Louise Sunberg
	Age 57 years 9 months 19 days
	Place of death Wood land Rd Southboro. Mass
	Date of death December 4.36 1045 pm.
- 8	Cause of death Hypertension - Cerebral Hemonas
	Interment at Rural Cemetary. Journ
	Date permit issued Dec 5, 1936.
	Certified by Hugh Folsom M.D.

No	

This Coupon to be returned immediately, properly endorsed,

City or Town of South borough, Mass.

Name of deceased H. Louise Sundberg

If a U. S. War Veteran, specify what war, organization,

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Accel Country Southbore

(Name of cemetery or crematory)

Certified by M. Oldfull

(Signature of Superintendent, cemetery or crematory)

1937.

No. /

BURIAL (OR REMOVAL) PERMIT

Issued to H.L. Gerry Name of deceased Villian a. Andrews
Age 75 years 6 months // days
Place of death Southville
Date of death Feb 13. 1937
Cause of death appleyy. arterio Serosis:
Interment at Ruraf.
Date permit issued Feb 14, 1937
Certified by Roland S. newton M.D.

	W	
No	/	

This Coupon to be returned immediately, properly endorsed, to Board of Heart City or Town of Southboro Welliams a. Lucdrews If a U. S. War Veteran, specify what war, organization. etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery, Southboro, Mass. at (Name of cemetery or crematory)

February, 16, 1937.

Certified by_

(Signature of Superintendent, cemetery or crematory)

Issued to U	lu m.	Tighe		
	10	1 9 1		
Name of decea	ased Charl	es Dela	uda_	
Age 75	years	months	da	ys
	, Layvel			
	april			
	h Corona			_
	Recral			
	ssued Opr			
	Walter !			D.
			1/	

No.			
)	
		2	

This Coupon to be returned immediately, properly endorsed,
to Based of Heaceth
City or Town of Sauthors Mass. Name of deceased Charles De Laurda
If a U. S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)

on April 10, 1937.

Certified by_

(Signature of Superintendent, cemetery or crematory)

No. 2

BURIAL (OR REMOVAL) PERMIT

Issued to Orthur H & when try
Name of deceased Welleam 7. Lorman 31 Dennison aux. Francy Low. Mars
Age 32 years 9 months 13. days
Place of death Machined. Southline
Date of death 7 Ele 13 - 1937
Cause of death Punchined left ling. Fraction of Bub upper at Sed Interment at It Francis Favorer Cometary Welfmouth
Interment at It Francis favor Cometery
Date permit issued 7cb 15,1937
Certified by Dralter haloney M.D.

	4		
TAP	/		
No			

Issued to William Lighe
Name of deceased Elizabeth Cantello Eastwar
Age 75 years / months 3 days
Place of death Fayrallo. mass.
Date of death april 30, 1937
Cause of death funder (Coronary Sclenses april 91/2)
Interment at Renal
Date permit issued Copice 30 %
Certified by Do Waller Muloney M.D.

No.			

This Coupon to be returned immediately, properly endorsed,
to Board of Health
(Office issuing fermit)
City or Town of Josephone Mass.
Name of deceased Elizabeth C. Eastman
If a U. S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass. (Name of cemetery or crematory)

on May 2, 1937

Certified by.

(Signature of Superintendent, cemetery or

No.__5

BURIAL (OR REMOVAL) PERMIT

Issued to Summer Gage
Name of deceased Daniel Fales Bigslow
Age 77 years 9 months 34 days
Place of death Ward R.L. Otis Comer Southbore
4 1227
Date of death May 17, 1937
Cause of death hujo cardelis; apa pley y
apleno d'elfroters "V
Interment at Rural
Date permit issued may 18,1937
Certified by D. W. Smith M.D.
marlboro.

This Coupon to be returned immediately, properly endorsed,

to Board of Heavel

or Town of South lesso.

Mass.

3 of deceased Daniel Fales Bigelow

U. S. War Veteran, specify what war, organization,

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this nit was disposed of in accordance with its terms

Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on May 20, 1937.

Certified by Hau

(Signature of Superintendent, cemetery of crematory)

	1
No	0

Issued to Moffult.
Name of deceased Wesley a Cleary
Age 63 years — months — days
Place of death New Jersey
Date of death Jun 28. 1937
Cause of death Coronary Thrombosis
Interment at Rural Cemetary
Date permit issued Mary 26, 1937
Certified by M. L. Howard M.D. Lundon . n. f.
Lundon . n. +.

Issued to John Cunningham
Name of deceased Tulia Carrigan Cochrane
Age 66 years 3 months 28 days
Place of death Maple St. Fay ville
Date of death May 30.1937
Cause of death arterio Sclerosis; Cerebal tem
Interment at Rural Ceruetary
Date permit issued May 31. 1937
Certified by DI Hugh Folsow. M.D.

	7	
No	/	-

This Coupon to be returned immediately, properly endorsed,
to Board of Healet
City or Town of Southboro Mass.
Name of deceased Julia B. Cochrane
If a U. S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

Certified by Signature of Superintendent, cemetery of Greenatory)

Issued to John J. Brown
Name of deceased Thurles E. Bagley
Age 51 years 8 months 20 days
Place of death Southboro.
Date of death Line 20. 1937
Cause of death Curomary Thrombosis Presentary Embolus Interment at Runa Cametary
Date permit issued line 21, 1939
Certified by Jugh Falson M.D.

0	
No. O	

to Bound of Health

City or Town of Southborn & Mass.

Name of deceased harles & Bagley

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural
(Name of cemetery or crematory)

on June, 22, 1937

Certified by Maltar Maltar (Signature of Superintendent, cemetery or crematory)

No	1
Vo	

Issued to Summer Gage
Name of deceased Dania Olders on
Age 70 years 3 months 10 days
Place of death newton & Southtons
Date of death June 29. 1937
Cause of death Caramomatores 2
Interment at Mujo - andulis
Interment at Myo-andelis Rishae Ceruelary Date permit issued Jame 30. 1937.
Certified by Olever J. Tinkham M.D.
Certified by

	9
No	

This Coupon to be returned immediately, properly endorsed,
to Board of Health
City or Town of Soullboo Mass.
Name of deceased to anna Alderson
If a U. S. War Veteran, specify what war, organization,
etc.
ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at (Name of cemetery or crematory)

On (Signature of Superintendent, cemetery or crematory)

Issued to J. a. Coolson Franing have
Name of deceased Olbert- Willard
Age 69 years months days
Place of death Fay ville mass.
Date of death August 10 11937
Cause of death Cerebral hemorhage, arterio Sclerosio. Interment at Reval Cemelary
Interment at Reval Cemelary
Date permit issued Okeg 12.1937.
Certified by Roy S. Morse. M.D.

Certified by

	14
No.	10

BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

Board of Hearth City or Town of South boro Name of deceased albert - Willa If a U.S. War Veteran, specify what war, organization, etc. ENDORSEMENT (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms (Name of cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

1	1
No	

Toursed to Walter Olhutt
Issued to Watter Offutt Cishes of Many Rice
Name of deceased / Navy Vice
Age 73 years 6 months 5 days
Place of death Sealele. Washington!
Date of death July 1937
Date of death July 1937 Cause of death wester muso cardelis
Interment at Remal Cemelary
Date permit issued August 12.39
Certified by Dr F.M Carroll M.D. Seattle, wash.
Seattle, wash.

Certified by

	11		
No	1	 	

BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

to Doard of Health
Office issuing permit)
City or Town of Ocultors Mass.
Name of deceased Waref Rece
If a U. S. War Veteran, specify what war, organization,
etc
ENDORSEMENT
ENDUKSEMEN I
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Sural fruthberelland.
on august 14, 1937

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

No. /2

BURIAL (OR REMOVAL) PERMIT

Issued to Tighe & Son.	_
Name of deceased Harris Coy	
Age 23 years months day	ys
Place of death Durant Oklahoma	
Date of death 1. 1937	
Cause of death Tractured Skuel	
Interment at Runae	
Date permit issued Sept 4, 1937	
Certified by Elsie Cocker - M.I. Board of Health a	D.
Surant. Okla	-

	10.	
No	d	•

BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

City or Town of Journboro Mass. Name of deceased Hayris If a U.S. War Veteran, specify what war, organization, etc._ ENDORSEMENT (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

(Signature of Superintendent, cemetery or crematory)

Issued to Willeam a. Light
Name of deceased Chas S. Sebley
Age 74 years months days
Place of death Southville, mass
Date of death Sext-13.1937
Cause of death artereoscleroses
Interment at Congestive Failure:
Interment at Corrgreece Cemetary. Leatminster, mass. Date permit issued Sept 14, 1937
Certified by Hugh Folsom M.D.

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southborough

Mass.

Name of deceased Charles S. Sibley

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Everar	row Comotory Leoninster Mass
	(Name of cemetery or crematory)
on	Sept. 16-1937.
Certified by_	Rames Begg Sutt
certified by_	(Signature of Superintendent, cemetery or crematory)

No. 14

BURIAL (OR REMOVAL) PERMIT

Issued to Sunner Gage
Name of deceased any E. Jaylar
Age 49 years 5 months — days
Place of death Edgewood R. Southboro
Date of death Och—1. 1937
Cause of death Caronary Sclerous
Interment at Rural Securelary Date permit issued Oct - 2. 1937
Certified by Walter & Muhmer M.D.

	14
No	/ /

This Coupon to be returned immediately, properly endorsed,
to Board of Health
(Office issuing permit)
City or Town of VouchCoro Mass.
Name of deceased anney E. Laylor
If a U. S. War Veteran, specify what war, organization,
etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Name of cemetery or crematory)

Certified by Malten M. (Signature of Superintendent, cemetery or grematory)

	10	
No	10	

Issued to Welliam m' Light
C 12 P
Name of deceased Sarah Croshy Cameron
Age 93 years 3 months 28 days
Place of death Parkewelle Rd. Louehville
Date of death Och 5', 1937
Cause of death Myoccarditis Chronic
Interment at Greenlawn Cometans Salem. mass.
Date permit issued 6 f 5-, 1937
Certified by D2 Roland pewlon. M.D.

	1
	15
No	9 2

This Coupon to be returned immediately, properly endorsed,

to Board of Heavel
Office issuing permit)
City or Town of Southborough Mass.
Name of deceased Larah C. Lumeron
Ivalic of deceased
If a U. S. War Veteran, specify what war, organization,
etc
etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at.	grees	lawn Cemetery	
0.00		(Name of cemetery or crematory)	
on	0	ct-8 1937	
21	tified by_	Phales F Popes	
1		(Signature of Superintendent, cemetery or crematory)	

Issued to Wellcam M. Tighe
Name of deceased abbee Dorr Jones
73 and O and O
Place of death Southville, mass
Date of death Och 20 - 1937
Cause of death Pneumonia - Bronchese
Cause of death Pneumonia - Bronchese Influenge. Interment at Rural
Date permit issued Gel-21. 1937
Certified by Roland S' newton M.D.

This Coupon to be returned immediately, properly endorsed,

to Dound of Heaveth
(Office issuing permit)
City or Town of Jacish Boso Mass.
Name of deceased Celhie Dorr Jones
If a U. S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at (Name of cemetery or crematory)

On (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No	17	
LNO.		

Issued to Summer Gage
Name of deceased Hilen S. Metcalf
Age 59 years 4 months days
Place of death Jacelboro . Mass.
Rof 23 1927
Date of death Oct 23.1937
Cause of death Chronic Weeration Colis Secondary anemia Interment at Rural J.
Cause of death Mine Vocasian Constitution Constitution
Decondary with
Interment at Aurac V.
Date permit issued Och 25, 1937
Certified by Dr Hugh Falsen M.D.
Certified by the Wi.D.

	17	
No	//	

This Coupon to be returned immediately, properly endorsed,

City or Town of Southboro Mass.

Name of deceased Helew S. Metcalf

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on October 26, 1937.

Certified by Walter

(Signature of Superintendent, cemetery or crematory)

	Issued to Sumner Gage
	Name of deceased Walter & Mingo
	Age 71 years 7 months 13 days
,	Place of death Main St. Southbord
	Date of death Nov 3.1937
	Cause of death Weer of
	Interment at Mt auburn Cambridge
	Date permit issued
	Certified byM.D.

	157
No.	18

This Coupon to be returned immediately, properly endorsed,

City or Town of Southboro. Mass.

Name of deceased Walter & Mingo

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mauril Authorn Cemetery

on November 6 1987

Certified by Sha F. Peterson (Signature of Superintendent, cemetery or crematory) 7 3.

No.__19.

BURIAL (OR REMOVAL) PERMIT

Issued to M.C.7	20	
Name of deceased of a	ung Mite	help
Age 82 years		days
Place of death Measa	cet St, fay	Ville.
Date of death Novo	20.1937	714
Cause of death Coron	ary Sclen	osei
Interment at Runa	l'Cemela	ry
Date permit issued No	v 212.19	37
Certified by Walte	Mahone	¥ M.D.

This Coupon to be returned immediately, properly endorsed,

to Health
(Office issuing permit)
City or Town of Sauthbarough Mass.
Name of deceased Louis Metchell
If a U.S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Certified by_ (Signature of Superintendent, cemetery or (rematory)

No. 20.

BURIAL (OR REMOVAL) PERMIT

0.0	a Cunningham.
Issued to	a connegrace.
Name of deceased	Im Cochraw.
Age 63 years	months \ \ \ days
Place of death Tae	fuelle
	C 4 1939
	onary Scherosis.
Interment at Rec	ral Cemeterry
Date permit issued	Oec 5.
Certified by	Walter MahareyM.D.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Acceptance with the root of the accordance with the root on Sec. 6. 187.

Certified by (Signature of Superintendent, cemetery or crematory)

Issued to J.S. WHTErman. Co. Boslow mass.
Name of deceased William W. Barber
Age 7 2 years months days
Place of death Stutthboro Mass
Date of death Dec. 4. 1987
Cause of death General arterios devous Coronary Sclerosis Congestive Heart failure
Interment at Rural Cemetary.
Date permit issued Dec. 7.1937.
Certified by Dr Hugh Tolson M.D.

Certified by.

BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

to Sound of Dealth
City or Town of Dull ord Mass.
Name of deceased Surbar.
If a U. S. War Veteran, specify what war, organization,
etc
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent,

(Name of cemetery or crematory)

No. 22.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed, City or Town of A Name of deceased If a U. S. War Veteran, specify what war, organization, (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Certified by (Signature of Superintendent cemetery or crematory)

No. 23

BURIAL (OR REMOVAL) PERMIT

1938

Issued to Welliam Y Harved Tighe
Co co Cospersi
Name of deceased Cannelo asperse
Age 67 years months days
Place of death Fagrille.
Date of death June 18.1938
Cause of death Coronary Scheroses
Interment at Rural
Date permit issued from 19.1938,
Certified by Maller Mahmey M.D.
the virial virial virial property and the state of the st

	- 4	
	7 =	
BY-	23	
TAO.		

This Coupon to be returned immediately, properly endorsed,

to Goard of Health
(Office issuing permit)
City or Town of South borough Mass.
Name of deceased amillo aspesi
If a U. S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Country Southbord
(Name of cemetery or cychatory)

on Country Vo. 1938.

Ceftified by Matter M. Country or crematory)

1938

No. 24

BURIAL (OR REMOVAL) PERMIT

Issued to Whom 7 Harred Tighe
Name of deceased mis many & me Donald
Age 69 years 11 months days
Place of death Middle Rd Southbore
Date of death face 26 - 1938
Cause of death Coronary Schoosis,
Interment at Rural Commelary
Date permit issued Jane 25, 1938.
Certified by Hagh Falsom M.D.

No. 24

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health (Office issuing permit)	
(Office issuing permit)	-
City or Town of Speechbornes of 1	Mass.
Name of deceased This Many C. Mc Don	cald
If a U. S. War Veteran, specify what war, organiza	
etc.	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Vural Quellery South out
(Name of cemetery or crematory)

on January 29, 1938,

Certified by Vatte M.
(Signature of Superintendent, cemetery or crematory)

1938

No. 4

BURIAL (OR REMOVAL) PERMIT

Issued to F. a. Cokson
Issued to V- Copson
Name of deceased Kathern Mullen
Age 71 years — months — days
Place of death Fayrille
Date of death Cypril 8. 1938
Cause of death arterios cleros is with
Paralisis agitorus arterioscleratie Myocartetis Broncha Premenonia Interment at Pural Cemetarey
Date permit issued Cypil 9. 1938
Certified both Hugh Folson M.D.

This Coupon to be returned immediately, properly endorsed,	
10 Board Halth	
(Office issuing permit)	
City or Town of South ho M	ass.
Name of deceased Katheren Mulles	
If a U. S. War Veteran, specify what war, organizat	ion,
etc	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	nural	Cemetery,	Southboro	o, Mass
		(Name of cometery	or crematory)	
on	April	11, 1938.		,
		W no	W/1)+	///
Cert	ified by	Valler,	4.0//	1//-
		(Signature of Superinte	endent, cemetery or c	rematory)

1938

No. 3.

BURIAL (OR REMOVAL) PERMIT

Issued to Summer Jage - Warlboro Man
Name of deceased augeliat. Newton
Age 87 years months 13 days
Place of death Coultal St- fay ville
Date of death March 21.1938
Cause of death arlerie Scherosei.
Interment at Maplewood Cem. Marlboro
Date permit issued Was 22, 1938
Certified by Roland S- new Ton, M.D.

R-309—50m-12-'34. No. 2940
1938
No.___

BURIAL (OR REMOVAL) PERMIT

Issued to L. Brooks Saville. Orlington. Name of deceased Richard Francis Burns,
Name of deceased Jachard Francis Burns,
Age 81 years months 12 days
Place of death Southboro, Mass.
Date of death April 11, 1938
Cause of death Coronary Thrombosis
Interment at Hall St., Com. Berulay.
Date permit issued April 11, 1938
Certified by Hram H. amiral M.D.

	~
No	0

This Coupon to be returned immediately, properly endorsed,

City or Town of Southborough Mass.

Name of deceased Richard Francis Burns.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Central
(Name of cemetery or crematory)
on april 13, 1938
Corrified by I carrie a abble Town 1.
Certified by Jeangl A. Appleton Su (Signature Superintendent, cemetery or crematory)

1938

No. 6

BURIAL (OR REMOVAL) PERMIT

Issued to I. F. Callanan & Son
Issued to 1, 1, Caecaran o co
Name of deceased Daniel F. Harrington
Age 6 8 years months days
Place of death Southville
Date of death Opril 9, 1938
Cause of death Grebral Hemoredayes
Cause of death Cerebral Hemoreda yes Senarl arterio Celrosis Interment at Rural Emetary
Date permit issued Cepril 11.1938
Certified by Dr Walter J. Mahoney M.D.

	1	
No	6	

This Coupon to be returned immediately, properly endorsed,	,
to Board of Health	
(Office issuing fermit)	
City or Town of Forthboro	Mass.
Name of deceased Daniel F. Harring	tre
If a U. S. War Veteran, specify what war, organ	ization,
etc	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on April 12, 1938.

Certified by Alter Manager (Signature of Superintendent, cemetery or crematory)

BURIAL (OR REMOVAL) PERMIT

Issued to Arauk & Shiles
Issued to Maul (Studies
Name of deceased John Willoch
Name of deceased
Age 76 years 8 months O days
1 20
Place of death Southboro
Date of death Oper 29,938
Cause of death Coronary Scherosis
Interment at Pural Ceu Soultebors
Date permit issued Opr 30,
Certified by Walter & Waloney M.D.
Certified by Marion J Warren M.D.

	7	
No	7	

This Coupon to be returned immediately, properly endorsed,

to Board Of Health

(Office issuing permit)

City or Town of Mass.

Name of deceased White Milloch

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southbore
on May 1, 1938
Certified by Walter M. Other

ature of Superintendent, cemetery or orematory)

R-309—50m-12-'34.			0
	1938	No	8

Issued to John J. Brown
Name of deceased Catherine E. Me Groth
Age 66 years / months 29 days
Place of death Marlboro, Hospital
Date of death May 13, 1938
Cause of death General Aterroselvosis Faralupis agitorus Interment at mmasulate Conception Marlboro
Interment at Smandwelate Conception Marlboro
Date permit issued May 15, 1938
Certified by Dr Hugh Folsom M.D.

	D	
No	0	

ight Coupon to be returned immediately, properly endorsed,
to Board of Health
City or Town of Mass.
Name of deceased Catherine Elizabeth Mc Grath
If a U. S. War Veteran, specify what war, organization,
etc
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Sumaculate Conception Cemetery Warlow

may 16, 1938. Certified by Johns, Fletcher (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

(Name of cemetery or crematory)

Issued to William M. Tighe
Name of deceased Eliza a. (Fay.) Bacon
Age 95 years months days
Place of death Southboro Mass
Date of death June 9.1938
Cause of death arterio Sclerosis Chronic
Interment at Rural Cenitary
Date permit issued June 10 1938
Certified by Dr Roland & Newton. D.

This Coupon to be returned immediately, properly endorsed,
to God of Health
V NAAA
City or Town of Joulhou Mass.
Name of deceased Eliza U (fay) 13 acos
If a U. S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

P. 16 + 8 -11
at was Cemelery, Southboro.
(Name of cemetery or orematory)
on June 12,19/38.
Certified by J. M. Offit.
(Signature of Superintendent, cemetery or crematory)

BURIAL (OR REMOVAL) PERMIT

Issued to William M. Tighe
Name of deceased Thomas C. Monahan
Age 15 years 9 months — days
Place of death Southborough Mass
Date of death June 14, 1938
Cause of death depluyating by accidental drowning Interment at munaculate Concepting Marlber
Interment at museulate Concepting Marlber
Date permit issued June 15. 1938
Certified by Dr Walter Mahouy M.D.

R-309—50m-12-'34,	No. 2940 1938	No	11	Land and Confession a
	OR REM	OVAL) P		
of ashe	to be retained by o	fficer issuing peru	to Nova	Section
Issued to	imner	6. Da	ge	
Name of deceas	ed Watter	Gordon	me	ngo
Age '7/				1/
Place of death_		. 1	00	
Date of death_	Novembe	3, 193°	1 bren	nated
Cause of death	Stomack	Lukers	perfo	rating
Interment at	^		' Ih	1 1/
Date permit iss				
1	/	,		M.D.
Certified by	THE RESIDENCE OF THE PROPERTY	deren discussive entreprise en part en conse		LIVI. D.

No.	

BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

to (Once issting permit) James F. 3	elfer
City or Town of Southborn Ma Name of deceased Watter G. Mingo	ss. U.S
If a U. S. War Veteran, specify what war, organization	n,
ENDORSEMENT	
(To be filled in by cemetery or crematory official) ashes I hereby certify that the bedy accompanying the	

on July 2 md /938

Certified by Judom Jeleman pulse 7

(Signature of Superintendent, cemetery or crematory)

BURIAL (OR REMOVAL) PERMIT

0 0 0
Issued to Summer C. Lage
to Carottillo.
Name of deceased James applitus Thayes Jr.
Age 14 years 3 months 13 days
Place of death Wilson Point Norwalk Conn.
Date of death July 5. 1938
Cause of death Asphysia due to strangulate Caused by lipinging Interment at Partal Countary
Caused by lifering of
Interment at Varial Cometary
Date permit issued July 8. 1938
Certified by W. H. Mc Mahon, M.D. Med Exam. M.D.
8 +1 Morevalle Person

	12	
No	- ~	

This Coupon to be returned immediately, properly endorsed,

to Brand of Health

(Office issuing permit)

City or Town of Southbors

Mass.

Name of deceased Tames Applitut Thanks

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural	Emetery Southboro
on July	(Name of cemetory or fromatory) 8, 1938,
Certified by_	(Signature of Superintendent, cemetery or crematory)

1938

No. 14

BURIAL (OR REMOVAL) PERMIT

Issued to Cantiman & Hughson Ine. W.J.
Name of deceased Leage H. Barber
Age 43 years 4 months 29 days
Place of death N. J. State Hospital
Date of death Clug 4.1938
Cause of death alcoholic Cirrhosis of liver acute humorhagic Gastroentenites 2 hoday to the winds
himorrhagie Sastroentinities 2 hoday to the with
Interment at Kural Cemetary
Date permit issued Cany 6 1938
Certified by Joseph Donovan M.D.

	1./
No	14

to Board Office issuing/permit)

City or Town of Longe H. Barks

Name of deceased Longe H. Barks

etc World War

ENDORSEMENT

If a U. S. War Veteran, specify what war, organization,

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pural Clubby Sathbour
(Name of cemetery or crematory)

on Old 6,988

Certified by (Signature of Superintendent, cometery of crematory)

BURIAL (OR REMOVAL) PERMIT

000
Issued to Summer C. Lage
Name of deceased Herbert B. Howard
Age 67 years // months 22 days
Place of death Southboro
Date of death August 4. 1938
Cause of death Corebral himorahaye (Pagets) Interment at Rescal Countary
Interment at Russel Cemetary
Date permit issued Aug 6 1938
Certified by Dr Shur (Maillore) M.D.

	1	2	
No	/	0	

inis Coupon to be returned immediately, properly endorsed,	
to Tourd of Health	
(Office issding permit)	
City or Town of Author Mas	ss.
Name of deceased Hubert B. Howard	_
If a U. S. War Veteran, specify what war, organization	n,
etc.	
Na.	
ENDORSEMENT	
(To be filled in by cemetery or crematory official)	

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Name of cemetery or crematory) Certified b (Signature of Superintendent, cemetery or crematory)

BURIAL (OR REMOVAL) PERMIT

110
Issued to J. F. Callanan & Lou
Name of deceased Lawrence D. Finn
Age 75 years — months — days
7
Place of death Southboro
71.000
Date of death Sept 10. 1938
Cause of death Suddy death presumebly
Coronory Sclerokis /
Cause of death Suddy death presumebly Coronory Sclerokis Interment at Rural Cemetary
Date permit issued Supt // 1938
Certified by Watter & Mahouey M.D.

	1	6
BY_	1	2
No		

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH

	(Office issuing permit)	The Proposed Complete Control of the
City or Town of	BOUTHBORO	Mass.
Name of deceased_	Faurence D.	Finn
	teran, specify what w	
etc		na anganan digangan ganan sa mananan banasa banasa sa manangga

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on September 13, 1938.

Certified by (Signature of Superintendery, cometery or crematory)

Certified by_

1938 No. 16

M.D.

BURIAL (OR REMOVAL) PERMIT

Issued to Ling Horner Oland Name of deceased Harner Oland
Name of deceased Warner Bland
Age 58 years months days
Place of death Stockholm Iveren
Date of death Cry 6.1938
Date of death Carry 6.1938 Cause of death Cardiac Arlero Scherorer
Interment at Brush Cernetary
Date permit issued Date 10 1938

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH (Office issuing permit)
City or Town of SOUTHBORO Mass.
Name of deceased Marner Cons
If a U. S. War Veteran, specify what war, organization,
etc. age. 59 yrs. 4 mo. 27 hays
uq. 6,1938.ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Gemetery Southbors (Name of cometery or crematory)
on October 13.1938.
Certified by Signature of Superintendent, remetery or crematory)
4.

BURIAL (OR REMOVAL) PERMIT

Issued to F. A. Cookson
Name of deceased James D. Bruce
Age 7/ years — months — days
Place of death Southville
Date of death Oct 30, 1938
Cause of death Pernicious aucunia
Interment at Edgell Ashive
Date permit issued Nov. 1. 1938
Certified by W. H Lane M.D.

This Coupon to be returned immediately, properly endorsed,

to Board Of Health

(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased James S. Bruce

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	Edgell Grove Framigha
C6 (/	(Name of cemetery or crematory)
on	9005.2. 1938

Certified by (Signature of Superintendent, cemetery or crematory)

1938

No.__18

BURIAL (OR REMOVAL) PERMIT

Issued to William W. Tighe
Issued to William M. Jight
Name of deceased Wary E. Creamer
Name of deceased Mary C. Clames
Age 81 years 9 months 1 days
1.
Place of death Tayville
Date of death \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Cause of death Myorardity
Interment at MI Cubury Hopkinton
1.
Date permit issued Nov. 15 1938
Certified by Roland Hewton M.D.
Certified by V Lot and M.D.

	18	
No	10	-

This Coupon to be returned immediately, properly endorsed,	
to Grand Of Neatth	
8 Hold.	Mass.
Name of deceased Mary C. Erland	ev_
If a U. S. War Veteran, specify what war, organiza	ition,
etc	
ENDORSEMENT	₩.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Myt. (auburn Cemetery, Nophinton Mas
	(Name of cemetery or crematory)
on	november 16, 1938
Certified by_	albert E. Boyns, Baretaken
	(Signature of Superintendent, cemetery or crematory)

BURIAL (OR REMOVAL) PERMIT

Stab to be retained by officer assuing permit	
ssued to John J. Brown	-
Name of deceased Toloria Minnus	Ce
age 82 years 10 months days	s
Place of death Tayville	
Date of death 200 18. 1938	_
Cause of death Che Myocarditis	-
nterment at Paral Cemetary	_
Date permit issued Nov. 19 1938	
Certified by Watter J. Mahorey M.D.	

	19	
No	11	

This Coupon to be returned immediately, properly endorsed,

to Board Office issuing permit

City or Town of Mass.

Name of deceased Office issuing permit

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

November 20, 1938.

Certified by_

(Signature of Superintendent, cometery or crematory)

BURIAL (OR REMOVAL) PERMIT

Issued to George A. Wadsworth
Name of deceased Joseph Masterson
Age \$3 years # months 28 days
Place of death Condaville Gond, Southboro
Date of death November 22, 1938
Cause of death Myocarditis chronic
Interment at Edgell Trove. Tramingham
Date permit issued Marinba 24 1938
Certified by Roland Newtons M.D.

	1/1	
MY.	6-11	
140	20	

This Coupon to be returned immediately, properly endorsed,
City or Town of Southerno Mass. Name of deceased Joseph Masterson
If a U. S. War Weteran, specify what war, organization, etc.
ENDORSEMENT (To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Edaell Grove &	
(Name of cemetery or crematory)	
on 900, 25, 1938	
Certified by E. a. Hales	

(Signature of Superintendent, cemetery or crematory)

1938

No. 21

BURIAL (OR REMOVAL) PERMIT

Issued to M.E. Me Niff
Name of deceased audrei Mitchell
Age 43 years — months — days
Place of death Fayville
Date of death Dec 24 1938
Cause of death Cheumatic heart disease
Interment at: Rural Cemetary
Date permit issued Dec 25-1938
Certified by Theo W. Poiries M.D.

	01
No.	2

This Coupon to be returned immediately, properly endorsed,
to Brand Of Health
City or Town of Southboro Mass.
Name of deceased Mudric Mulikell
If a U. S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	Southboro,	Mass.	(Rural	Cemetery)		
(Name of cemetery or crematory)						
on	December 2	6. 1938	3.	,		
Certified by Ma Mall						
	(Signat	ture of Superin	tendent, ceméte	ry or crematory)		

	2	2		
No	1	1	7	
TAO	medit Statement and	Battle residen	and we	

Issued to Sunner Gayc.
. //
Name of deceased James & Wrife
Name of deceased Thursean V. Wing &
Age 8 years / months 3 days
Age years / months days
Place of death Lew ton St Southboro.
man of tout levelon of a het the oro.
Place of death/uso wit or Co-co-vov
Λ
Date of death Alec 26 .1937
pate of death / we
1
Cause of death My cardilis
cause of death 1 - 9
\mathcal{U}
Interment at Rural.
BAAVVAAAVAAV
Date permit issued Llec 28, 1938
Date permit issued alle 20, 110
1
Do 16 to
Certified by Dr Roland hewton M.D.

1939

No.

BURIAL (OR REMOVAL) PERMIT

Issued to John P Rowe
Issued to Xoun Verve
Name of deceased Villiam J. Boland
Age 75 years 4 months 3 days
0 .1
Place of death Southboro
Date of death Jan. 3. 1939
Cause of death arterio Salerosis Myocadit
Interment at Rural Cemetary
Date permit issued Jan. 5 1939
Date permit issued / and 1/39
Certified by William J. Delancy. M.D.
Certified by Francisco M.D.

	1		
No.			

This Coupon to be returned immediately, properly endorsed,

to Brad Of Yealth

(Office issuing pernit)

City or Town of Southbote Mass.

Name of deceased William & Boland

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Southboro, Mass. Rural Cemetery.
(Name of cemetery or crematory)

Certified by (Signature of Superintendent Certetery or crematory)

No. 2

BURIAL (OR REMOVAL) PERMIT

Issued to B. S. Gastman
Name of deceased Ellen Freeman Gay
Age 73 years 8 months 14 days
Place of death Wolf Hill Farm
Date of death 20, 1535
Cause of death Cerebral Hemorrhage
Interment at Mt. auburn bem, Cambridge
Date permit issued Jan. 21, 1939
Certified by Hugh Folson M.D.

	-	
	4	
No.		

This Coupon to be returned immediately, properly endorsed,

to Band Of Heatth

(Office issuing permit)

City or Town of Southbore Mass.

Name of deceased Ellen Freeman Gay

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at M	L. aubeum Cemetery
0	(Name of cemetery or crematory)
on la	mary 23. 1939
Certified by.	1. F. Peterson
cer anica by.	(Signature of Superintendent, cemetery or crematory)

Issued to Short + Williamson
Name of deceased William R. Brownell
Age 77 years months 6 days
Place of death Southform Mass
Date of death January 27 1939
Cause of death Broncho pnewmonia
Interment at Rural Cemetary
Date permit issued Hannay 28.1939
Certified by Hugh Folson. M.D.

etc._

	16	
No		

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Bould Of Health

(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Welliam T. Brownell

If a U. S. War Veteran, specify what war, organization,

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

January 29, 1939.

Certified by (Signature of Superintendent, cemetery or crematory)

	4
No	7

A D. d. Am M
Issued to Sumner & Dage, Marlbor
Name of deceased Gertrude L. Bigelow
Age 68 years 11 months 1 days
Place of death Oak Hill Road
Date of death Feb. 8, 1939
Cause of death Carcinoma right breast
Cause of death Carcinoma right breast Woodlawn laemetery Interment at Attleboro, Maso.
Date permit issued Feb. 9, 1939
Certified by Carlton Crosby M.D.
Framinghofm

	177
	5
No	

Issued to J.F. Callanan & Son's
Name of deceased John Haley
Age 75 years months days
Place of death Southborn
Date of death Deb. 10, 1939
Cause of death Corongry Sclensies St. John's Cemetery Interment at Hopkinton, Mass
Interment at Hopkinton, Mass
Date permit issued Feb. 11, 1939
Certified by Walter F. Mahoney M.D.
Westboro, mass

	5
No.	

This Coupon to be returned immediately, properly endorsed,

to Board Of Heattle	
City or Town of Southborn	_Mass.
Name of deceased John Haley	
If a U. S. War Veteran, specify what war, organi	zation,
etc.	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

•	0000 0 6 6
at	St Jahns Dopkinlar
010	Tob- 18 1989
011	R March

Certified by (Signature of Superintendent, cemetery or crematory)

	/	
No	6	
210	* WANTED TO THE PROPERTY OF TH	m-spittern

Issued to Vernon E. Marrill
Name of deceased Harry Onthank
Age 79 years 10 months 23 days
Place of death forward, Rd
Date of death March 4, 1939
Cause of death Bronchopneumonia
Cause of death Bronchopneumonia Sen, arbrahelerois Interment at Rural Com Southboro
Date permit issued March 7, 1939
Certified by Raysen P Crank M.D.

	1
No	6

This Coupon to be returned immediately, properly endorsed,

1-1 11 ...

to Source of Health (Office in Jung permit)	
City or Town of Southborn	Mass.
Name of deceased Harry Onthank	
If a U. S. War Veteran, specify what war, organiz	ation,
etc	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	RURAL	CEMETERY,	Southborough,	Mass.
66 0	and and and an analysis of the second se	(Name of cemet	ery or crematory)	and the second s
on.	March	76 7939	01	
Cer	rtified by_	Tr.M	WHuth	
CC	clifed by	(Signature of Super	rimendent, Ametery or cremate	ory)

	0
No	7

Issued to Alessens Ledon
Name of deceased Celia C. Landry
Age 16 years 8 months 18 days
Place of death Mary Il Sauthbaro
Place of death Mary VI Saulabaro
Date of death March 21/939
Date of death March 21/939 Reliculus aft sarama Graniel Branche Pressmania
Interment at Mashua M. No
Date permit issued Morch 22, 1939
Certified by Se. Said D. Sker M.D.

	0
No	

This Coupon to be returned immediately, properly endorsed,

10 Board Of Health
(Office issuing permit)
City or Town of Southbow Mass.
Name of deceased Ruby a. Cutting
If a U. S. War Veteran, specify what war, organization,
etc

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at 6	daell &	on Tro	minghan
	O(Name of ceme	etery or crematory)	9
on	april 1	. 193	9
Cortified	3	a. Ida	les

(Signature of Superintendent, cemetery or crematory)

	V	
No	0	

Issued to Summer Lo. Tage
Name of deceased Sarah a. Hapgood
Age 78 years 7 months 15 days
Place of death Oak Hill Road
Date of death april 3, 1939
Course of death Pormicine a America
Main Street bemetery Interment at Hudson, Mass,
Date permit issued April 4, 1939
Certified by Chiron It Smith M.D. marson
filerene to 11 jeen!

No.__9

BURIAL (OR REMOVAL) PERMIT

Issued to Summer C. Hage
Name of deceased Ruby a. Cutting
Age 94 years 5 months 4 days
Place of death Southboro
Date of death April 4, 1939
Cause of death General Arterio Schrosis
Interment at Edgell Groveramingham
Date permit issued april 6, 1939
Certified by Charles L. Cutter Js. M.D.

		1.			
No.	1	0			
100.	MATERIAL SALES	the Same States	PROPERTY NAMED IN	retransferen	INNER

Issued to Watter Collins
1161+
Name of deceased Ida T. Newton
G1 A
Age 86 years 8 months 13 days
14.0
Place of death Mobiel, Orchard ala.
Date of death M. 8. 1939
Cause of death Hypertinging heart disease
Cause of death Hypertinsive heart disease Interment at Rural Cemetry
Interment at Venue Connecry
Date permit issued 20 1939
Certified by a.M. Cowden. M.D.
WI.D.

	1 1	
Mr.	10	
ZYO		

This Coupon to be returned immediately, properly endorsed, Mass City or Town of_ Name of deceased If a U. S. War Veteran, specify what war, organization, etc. ENDORSEMENT (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms (Signature of Superintendent, cemetery

B

For County Use

CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS STATE BOARD OF HEALTH

File No. for State Registrar Only.

	HIDEL PIET HI
1. PLACE OF DEATH	Reg. Dis-
	trict No cate No No To Be Inserted By Registrar
R.F.D. / (If death occurred in	a hospital or institution, give its NAME instead of street and number)
1a. PLACE OF RESIDENCE: State Alabama Length	th of residence where death occurred 86yrs. 8 mos. 12 days
(Usual place of abode) County MODILE Beat	and the second of the second o
City or Town Orchard, Ala.	
R.F.D. 4 300U 80U 990	11,-The number of years the decessed follow the
2. FULL NAME Ida J Newton	is stating the occupation, avoid the use of such indefinite
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single, Married, Widowed, or	MEDICAL CERTIFICATE OF DEATH
Female 4. Color or Race 5. Single, Married, Widowed, or Pixorced (write the word)	21. DATE OF DEATH (month, day, and year) NOV. 81, 1938
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 , 19 38 to Nov. 8 , 19 38
HUSBAND of Gori Wife of Henry Newton & South Loro	I last saw IET alive on NOV. 7 , 19 38 , death is said
6. DATE OF BIRTH (month, day, and year) Teb. 26. 185	According to the latest and the second secon
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
death. I day, hrs.	CAUSES of importance in order of onset were as Condition
86 8 13 or min.	Paralysis Yrs. Mo. Da. 7
8. Trade, profession, or particular	Faratysts - salumokie esocome do see salo
kind of work done, as spinner, Domestic	19/00/82
9. Industry or business in which work was done, as silk mill,	The particular cause of the first tend to senso her and to be
saw mill, bank, etc.	CONTRIBUTORY CAUSES of importance NOT RE-
11. Total time (years) this occupation (month and spent in this	LATED to principal cause:
year) occupation occupation	Hypertensive heart disease 2
12. BIRTHPLACE (city or town) Southborough Mass.	
(State or country) Monston	1881,6384
13. NAME Ira Fales	Was an operation performed? NO Date of
14. BIRTHPLACE (city or town) D.K. Wolden	For what disease or injury?
(State or country) mass.	What test confirmed diagnosis Cleniovas there an autopsy?
5 15. MAIDEN NAME Adeline King	23. If death was due to external causes (VIOLENCE) fill in also the following:
E V New	Accident, suicide, or homicide?Date of injury?, 19
16. BIRTHPLACE (city or town) Sales (State or country)	Where did injury occur? (Specify city or town, county, and State)
17. INFORMANT Mrs. J.N.Leonard	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC
(Address) Cuellon ala.	PLACE SUBSTITUTION OF SUBSTITU
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Macon, Georgia Date Nov. 9, 1938	Nature of injury Advantage Avenue Ave
SIGNATURE OF Higgins Mortuary No.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER HIGGINS MOPLITARY No. (Address)	If so, specify
20	(Signed) / Cowden, M. D.
Filed, 193 Registrar	19 (Address) Creckton
Burial or Transit	ale
Permit Issued by	Date of Issue

		1,	
**		11	
IAO	-	//	

Issued to Robert Bile
Name of deceased Cuttis R. Knight
Age 5/ years - months - days
Place of death Southborn Mass
Date of death July 15. 1939
Cause of death R.A. Thing Myreaudial Interment at Walnut Hill Brothline
Date permit issued July 18, 1939
Certified by Patterson R. Crosby M.D.
Certified by M.D. M.D.

	11
No	//

This Coupon to be returned immediately, properly endorsed,

toBOARD OF HEALTH	
City or Town of SOUTHBORO Ma	SS.
Name of deceased Kurtis R. Knight	
If a U. S. War Veteran, specify what war, organization	n,
etc.	_
ENDORSEMENT	

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at W	about Itells
40	(Name of cemetery or crematory)
on	July 17 1939
Certified by_	HB Fisher
our viiiod by	(Signature of Superintendent, cemetery of crematory)

No. 12

BURIAL (OR REMOVAL) PERMIT

Issued to Summer C. Gage
Name of deceased Minifeed & Walker
Age 39 years 10 months 12 days
Age 39 years 10 months 12 days Walk Hick Prad Fayrele Place of death Career on a f Grober
Date of death July 18-39
Cause of death Cureinoma of Restaure
Interment at Parcel Come Southboy
Date permit issued July 18-39
Certified by Thomas buddy M.D.

	12
No	1 %
TAC.	war and the same of the same o

This Coupon to be returned immediately, properly endorsed,

to B	DARD OF	HUALTH	
	(Office issuing per	mit)	www.dager.ada.ada.ad
City or Town of	SOUTH	BORA	Mass.
Name of deceased	Kinif	reef 6.	Walker
If a U. S. War Vet	eran, specify	what war, o	organization,
etc			
	Street and Control of the Control of	extension of	
			16

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Cural Quality Southbore

(Name of cometery or crematory)

Certified by Halta (Signature of Superintendent, cemetery or crematory)

Issued to Decomme 6. Gage
Name of deceased Charles J. Richardson
Age 67 years // months /9 days
Place of death Kenningham & Southboy
Date of death July 17-39
Cause of death Screhal Thrombos
Interment at Forestdale lens. Walden
Date permit issued July 18-39
Certified by Chyde W. Merrilf.D.

	1	3	
No.			

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH	
(Office issuing permit)	
City or Town of SOUTHBORO	Mass.
Name of deceased lands & Richa	idan
If a U. S. War Veteran, specify what war, organiz	zation,
etc	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	TOREST DALE GENETERY
Vancour van	(Name of cemetery or crematory)
on	July 19-1939
	Lelia S. Gould Q. S. S.
Certified by	

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

	,	
	111	
	1 1	
No		
740,	and the same of th	-

Issued to Walter Offull	
Name of deceased	
Ageyearsmonths	days
Place of death	
Date of death	
Cause of death	and the second visitors
Interment at	
Date permit issued Sept 19, 1939	
Certified by	M.D.

	,	,1	
No	/	7	

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH

to (Office issuing permit)

City or Town of SOUTHBORO Mass.

Name of deceased James de Collette

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Semestry Ornthburg

on September 20, 1939.

Certified by Salter M. (Signature of Superintendent, cemetery or creptatory)



OFFICE OF

THE CEMETERY COMMISSIONERS SOUTHBOROUGH, MASSACHUSETTS

September 19, 1939

Board of Health, Southboro, Mass.

Gentlemen:

Attn. - Mr. Telfer.

Will you please issue a permit to disinter remove and reinter the remains of Trancrede Collette, from the Grave now occupied to a new location in the cemetery.

We have received authorization for this transfer from the legal custodian of the body.

Very truly yours,

The Cemetery Commissioners,

Walter M. Offutt, Supt.

Issued to John J. Brown Name of deceased Cora Funchur Cole
Age 66 years — months / days
Place of death Southwile Muss.
Date of death 6 ct. 13. 1939
Cause of death Cerebal Hemorrhage arterior Silvering
Interment at Rural Centry Silerons
Date permit issued Oct. 14. 1939
Certified by W. J. Cochrane M.D.

	11	
No	13	
210	Department of the second of th	b

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH	
(Office issuing permit)	
City or Town of SOUTHBORO	Mass.
Name of deceased Cora Faulknes Cole	1
If a U. S. War Veteran, specify what war, organic	zation,
etc.	
-71	
ENDORSEMENT	

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY, Southboro, Mass. (Name of cemetery or crematory)

(Signature of Superintendent, cemetery or grematory)

Issued to Eugene J. Mc Carthy Name of deceased Agnes Dreumun
Name of deceased Agnes Dreuman
Age 39 years 2 months — days
Place of death Southborn Mass.
Date of death Oct 14, 1939
Cause of death Coronary Sclerosis
Interment at Stogosyphs. West Raybury
Date permit issued 6cf 16. 1939
Certified by Watter F Muhony M.D.

Certified by_

	11
No	16

James M. Driscoll, Supt.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH	
(Office issuing permit)	
City or Town of SOUTHBORO	Mass.
Name of deceased agus Dunnon	<i>u</i>
If a U. S. War Veteran, specify what war, organi	zation,
etc	
ENDORSEMENT	¥.,
(To be filled in by cemetery or crematory official)	
I hereby certify that the body accompanying permit was disposed of in accordance with its term	g this
at James M. Driscoll, Supt. (Name of cometery or crematory)	
on GGT 17 1939 ST. JOSEPH CE	

(Signature of Superintendent, cemetery or crematory)

	17	
No		_

R 1 d
Issued to Summer C. Stage
Name of deceased Hazel Marie Kiles
Age 12 years 0 months 9 days
Place of death Marlboro Rd., Southboro
Date of death October 31, 1939
Cause of death , shine suito acciden
Interment at Rural Cemetery
Date permit issued Mov. 1, 1999
Certified by M.D.

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH

to	(Office issuing permit)	
City or Town of	SOUTHBORO	Mass.
Name of deceased	Hagel Marie M	tiles
If a U. S. War Ve	eteran, specify what war,	organization,
etc		

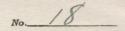
ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southborough, Mass.
(Name of cemetery or crematory)

certified by Walter (Signature of Superintendent, cemeter) of crematory)



Issued to Sumaer C. Gage
Name of deceased Walter E. Morse
Age 60 years 9 months 10 days
Place of death Main St., Southbore
Date of death Nov. 1, 1939 Sudden death presuma Cause of death Covenary Scherosis.
Cause of death Covenary Scherosis.
Interment at Rocklawn Cemetary, Marib
Date permit issued Nov. 3, 1939
Certified by M.D.

	. 0
No	18

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH (Office issuing permit) SOUTHBORD City or Town of Mass. Name of deceased If a U. S. War Veteran, specify what war, organization, etc. ENDORSEMENT (To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

(Name of cemetery or crematory) (Signature of Superintendent, cemetery or crematory)

No.___19

BURIAL (OR REMOVAL) PERMIT

Issued to Summer C. Gage
Name of deceased Addre Belle (Nott) Henderson
Age 78 years 2 months 12 days
Place of death. Hammond St, Cordaville
Date of death Nov. 14, 1939
Cause of death Apopleyy Cerabral
Interment at Rural Cemetary Southbor
Date permit issued Nov. 14, 1939
Certified by Roland S. Newton M.D.

No.		Bi		

This Coupon to be returned immediately, properly endorsed,

Southboro Board of Health

(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Addie Belle (Nutt) Henderson

If a U.S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cometery or crematory)

on November 16, 1939.

Certified by (Signature of Superintendent, cemeter) or crematory)

No._20

BURIAL (OR REMOVAL) PERMIT

Issued to William M. Tighe
Issued to William M. Tighe Name of deceased adelpt Edwin Collin
Age 79 years / months /2 days
Place of death Central It Fayviele
Date of death December 8. 1939
Cause of death Browner-prewmonia
Interment at Rural Cemutary
Date permit issued Dec 9. 1939
Certified by Roland S. Newton M.D.

	21	
No	20	

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office isguing permit)

City or Town of Southfor Mass.

Name of deceased adulbert Edwin Collins

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

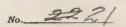
(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southborough, Mass.
(Name of cemetery or crematory)

on New- December 10, 1939.

(Signature of Superintendent, cemetery or crematory



Issued to Cl. U. Folsom & Lon
Name of deceased Paula (Suhl) Sundh
Age 76 years 5 months / days
Place of death Southborn Mass
Date of death Dec 18 1939
Cause of death Hypertenine Heart Disease
Interment at Forest Hiero Boston
Date permit issued Dec 11. 1939
Certified by Hugh Folson M.D.

This Coupon to be returned immediately, properly endorsed,

to Board, of Health	
(Office issuing permit)	
City or Town of Southboro	Mass.
Name of deceased Faula (Dahl) Sur	dhe
If a U. S. War Veteran, specify what war, organi	zation,
etc	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	FOREST HILLS CEMETER
	(Name of cemetery or crematory)
on	DEC 12 1939.
VII.	11 126

Certified by_

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

H

Issued to William M Tight
Name of deceased James a. Harris
Age 46 years months days
Place of death Southfor
Date of death Pec 25 1939
Cause of death Coronomy Sclerosis
Interment at Rural Ceructary
Date permit issued Dec 39
Certified by Walter Mahoney M.D.

No. 22

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Brasel of Health	
(Office issuing permit)	
City or Town of Southboro	Mass.
1 6 21	
Name of deceased Junus C. Na	vus_
If a U. S. War Veteran, specify what war, orga	nization,
etc. (Nortal	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY, Southboro, Mass.	
(Name of cemetery or crematory)	
December 27, 1939,	
on the second	1
Certified by (Signature of Superintendent, cometery or cromatory)	